

**STATE OF IDAHO**  
**BUREAU OF OCCUPATIONAL LICENSES**  
**1109 Main Street, Suite 220**  
**Boise, Idaho 83702-5642**  
**(208) 334-3233**  
**had@ibol.state.id.us**

**HEARING AID DEALER & FITTER ANNUAL BUSINESS REGISTRATION STATEMENT**

All persons, corporations, partnerships, trusts, associations or other like organizations, that operate or conduct business under an assumed business name which does not contain the full name of a person licensed as a hearing aid dealer & fitter, must register with the board annually at the time of renewal. (See §54-2902.(c) Idaho Code and IDAPA 24.06.01). If you operate or conduct business at more than one hearing aid dealer & fitter business location, please copy and complete this form for each business location.

1. Hearing Aid Dealer Name \_\_\_\_\_ License # \_\_\_\_\_
2. Hearing Aid Business Name \_\_\_\_\_
3. Business Mailing address \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Business phone \_(\_\_\_\_)\_\_\_\_\_ Business fax \_(\_\_\_\_)\_\_\_\_\_ E-mail \_\_\_\_\_
5. If you are an owner or officer of the above named business, list below the names and license numbers of all hearing aid dealers & fitters who either give consideration to or receive consideration from the above named business relating to the practice of fitting & dealing in hearing aids.

Name _____	License # _____
Name _____	License # _____
Name _____	License # _____
Name _____	License # _____
Name _____	License # _____

I hereby certify that the responses provided above are true and accurate to the best of my knowledge and belief and that any documentation attached is true and accurate. I further certify that I will notify the Idaho State Board of Hearing Aid Dealers & Fitters within thirty (30) days of any changes which may occur in the above information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date